



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

October 23, 2009

Dear GA-U Stakeholder,

This is an updated version of the letter that was emailed to you on October 23. The updated content relates to the durable medical equipment benefit paragraph on page two. The rest of the letter remains the same.

Community Health Plan is in the process of statewide expansion of the General Assistance-Unemployable (GA-U) Mental Health Integration Program (MHIP), which has been piloted in King and Pierce Counties. The MHIP model is designed to maximize care coordination, high-risk case management and chronic care management of medical and mental health conditions to achieve better health outcomes. Services for clients will begin in all 39 counties on November 1. Community Health Plan is committed to ensuring a smooth transition for GA-U clients to an integrated medical and mental health care home.

We anticipate there will be kinks to work out as the program launches given the aggressive implementation timeline on the heels of a bruising legislative session. As someone who works with GA-U clients, please be assured that Community Health Plan will be responsive at every point in this process to address issues and ensure that GA-U clients receive quality care and access to necessary medical and mental health services.

I have designated Abie Castillo, Vice President of Network Development, as the Community Health Plan point person for any questions, concerns or ideas about ironing out kinks in the transition process and improving care for clients over the long term. Please work with Abie to help us make this transition time as smooth as possible for patients.

Community Health Plan's primary network for the GA-U population will be community health centers (CHCs). Washington's CHCs have significant experience serving vulnerable populations, coordinating with other community providers and integrating care to improve patient health. In places where Community Health Plan does not have a strong CHC presence, we are contracting with like-minded, mission-focused primary care providers.

Additionally, over the next few months we will be adding other providers who are committed to serving GA-U clients as needed to ensure access to care. After months of negotiating, we have just received from DSHS a list of providers that GA-U patients have been accessing. Our Provider Relations team is now working through this list to identify and contract with those mission-focused providers who have high volumes of GA-U patients. Our website will always be the best source for the most up-to-date information about participating GA-U providers: (<http://www.chpw.org/en/provdir/search.php>).

GA-U clients will not be assigned a provider when they are determined eligible by DSHS. They can select a provider by calling Community Health Plan at 1-800-440-1561 or Community Health Plan will assign them to a provider based on their zip code.

Similar to the experience in King & Pierce County in 2004, we anticipate there will be clients who will seek care with primary care providers who are not contracted with Community Health Plan during November. We will manage this as we did in 2004, which is to be flexible in paying claims to those providers during the first few months, while also educating them about the managed care program and helping them redirect clients to contracted Community Health Plan primary care providers and/or adding them to our network if/when it makes sense given the number of clients they are currently serving.

As you know, the GA-U Program was targeted for complete elimination during the 2009 legislative session. Elimination would have been devastating for clients and meant a significant increase in uncompensated care across the State's health care system, including hospital inpatient care, emergency room visits, and primary and specialty care services. Community Health Plan is proud of its role as a leading advocate for the GA-U population and the integrated health care home model.

While mental health benefits were added to the program, the overall GA-U budget was reduced by 17 percent. To meet the budget cut, the Department of Social and Health Services eliminated the durable medical equipment benefit. Community Health Plan is concerned that this change has not been clearly communicated to consumers. We will work with clients and providers to facilitate continuity of care during the initial transition period. **The attached addendum shows the policy Community Health Plan will use to make exceptions to this benefit exclusion, which is similar to the policy we use today with Basic Health. Most of the language in this policy is taken straight from the WAC, so it reads rather strictly. But in practice with Basic Health, we have found that the cost-benefit analysis criteria have allowed us to work successfully with our high need members and their providers to make exceptions.**

We look forward to working in partnership with you in order to best serve GA-U clients across the state. **Please do not hesitate to contact Abie Castillo with any questions or concerns about the GA-U program abie.castillo@chpw.org or 206-613-8929.**

Sincerely,


Lance Hunsinger
Chief Executive Officer, Community Health Plan

To learn more about the GA-U Mental Health Integration Program, please see our 7-minute video that describes the model and its impact thus far: <http://www.youtube.com/watch?v=yMzswk4g>.

POLICY:

Healthcare Coverage – Exception to Benefit

An eligible member and/or the member's provider may request CHP to pay for a non-covered healthcare service. This is called an exception to benefit.

(1) CHP cannot approve an exception to benefit if the requested service is excluded under state statute.

(2) The item or service(s) for which an exception is requested must be of a type and nature which falls within accepted standards and precepts of good medical practice;

(3) All exception requests must represent cost-effective utilization of program funds as determined by CHP.

(4) A request for an exception to rule must be submitted to CHP in writing within ninety days of the date of the written notification denying authorization for the non-covered service. For CHP to consider the exception to benefit request:

(a) The member and/or the member's healthcare provider must submit sufficient member-specific information and documentation to health and recovery services administration's medical director or designee which demonstrate the member's clinical condition is so different from the majority that there is no equally effective, less costly covered service or equipment that meets the member's need(s).

(b) The member's healthcare professional must certify that medical treatment or items of service which are covered under the member's medical assistance program and which, under accepted standards of medical practice, are indicated as appropriate for the treatment of the illness or condition, have been found to be:

(i) Medically ineffective in the treatment of the member's condition; or

(ii) Inappropriate for that specific member.

Members do not have a right to a fair hearing on exception to benefit decisions.